



General Assembly

February Session, 2006

***Raised Bill No. 396***

LCO No. 2135

\*02135\_\_\_\_\_KID\*

Referred to Committee on Select Committee on Children

Introduced by:  
(KID)

***AN ACT IMPLEMENTING A COMPREHENSIVE PLAN TO ERADICATE  
CHILDHOOD LEAD POISONING IN THIS STATE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-111a of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective October 1, 2006*):

3 (a) The [Commissioner] Department of Public Health shall be the  
4 lead state agency for lead poisoning prevention in this state. The  
5 Commissioner of Public Health shall (1) identify the state and local  
6 agencies in this state with responsibilities related to lead poisoning  
7 prevention, and (2) schedule a meeting of such state agencies and  
8 representative local agencies at least once annually in order to  
9 coordinate lead poisoning prevention efforts in this state.

10 (b) The commissioner shall establish a lead poisoning prevention  
11 program [. Such program shall] to provide screening, diagnosis,  
12 consultation, inspection and treatment services, including, but not  
13 limited to, the prevention and elimination of lead poisoning through  
14 research, abatement, education and epidemiological and clinical  
15 activities. Such program shall include, but need not be limited to, the

16 screening services provided pursuant to section 2 of this act.

17 [(b)] (c) Within available appropriations, the [Commissioner of  
18 Public Health] commissioner may contract with individuals, groups or  
19 agencies for the provision of necessary services and enter into  
20 assistance agreements with municipalities, cities, boroughs or district  
21 departments of health or special service districts for the development  
22 and implementation of comprehensive lead poisoning prevention  
23 programs consistent with the provisions of sections 19a-110 to 19a-  
24 111c, inclusive.

25 Sec. 2. (NEW) (*Effective October 1, 2006*) (a) Each primary care  
26 provider giving pediatric care to a child six years of age or under in  
27 this state shall take or cause to be taken a blood sample from each such  
28 child for the purpose of conducting blood lead screening in accordance  
29 with this section. Each primary care provider shall also arrange for  
30 lead risk assessments in accordance with subsection (b) of this section.  
31 The requirements of this section shall not apply to any child whose  
32 parent or guardian objects to a blood test as being in conflict with the  
33 parent or guardian's religious tenets and practices. For the purposes of  
34 this section, a "child six years of age or under" means a child (1) six  
35 years of age or under or (2) whose chronological age is over six years  
36 but who has a developmental age of six years or under as measured by  
37 standardized diagnostic instruments and procedures.

38 (b) (1) Lead screening shall be conducted at least annually for each  
39 child between six and thirty six months of age. Additional screening  
40 shall be conducted (A) as clinically indicated as determined by the  
41 primary care provider, or (B) for any other child with a risk factor set  
42 forth in subsection (c) of this section.

43 (2) In addition to such screening, a risk assessment shall be  
44 conducted at least annually for each child between thirty-seven and  
45 seventy-two months of age. Such risk assessment shall comply with  
46 standards established by the Commissioner of Public Health.

47 (c) A child shall be deemed to have a risk factor and be subject to  
48 more frequent testing pursuant to subsection (b) of this section if the  
49 child:

50 (1) Has never been screened for blood lead, in which case the child  
51 shall be immediately screened regardless of other risk factors;

52 (2) Is exhibiting a habit of eating non-food substances;

53 (3) Had a prior blood lead level equal to or greater than ten  
54 micrograms per deciliter;

55 (4) Resides, or has resided, in a residence constructed before 1978, or  
56 in a residence that has undergone major renovations that may increase  
57 the risk of lead exposure; or

58 (5) Has a clinical record or exhibits symptoms indicative of elevated  
59 blood lead levels, which symptoms may include, but need not be  
60 limited to, neurological symptoms, hyperactivity, behavioral disorders  
61 or abdominal pain.

62 Sec. 3. Section 19a-110 of the general statutes is repealed and the  
63 following is substituted in lieu thereof (*Effective October 1, 2006*):

64 (a) [Each institution licensed under the provisions of sections 19a-  
65 490 to 19a-503, inclusive, and each private clinical laboratory licensed  
66 under section 19a-30 shall, within] Not later than forty-eight hours [of  
67 receipt of knowledge thereof,] after receiving or completing a report of  
68 a child six years of age or under, as defined in section 2 of this act,  
69 found to have a level of lead in the blood equal to or greater than ten  
70 micrograms per deciliter of blood or any other abnormal body burden  
71 of lead, each institution licensed under sections 19a-490 to 19a-503,  
72 inclusive, as amended, and each clinical laboratory licensed under  
73 section 19a-30 shall report to (1) the Commissioner of Public Health,  
74 and to the director of health of the town, city or borough in which the  
75 [person] child resides: [(1)] (A) The name, full residence address, date  
76 of birth, gender, race and ethnicity of each [person] child found to have

77 a level of lead in the blood equal to or greater than ten micrograms per  
78 deciliter of blood or any other abnormal body burden of lead; [(2)] (B)  
79 the name, address and telephone number of the health care provider  
80 who ordered the test; [(3)] (C) the sample collection date, analysis date,  
81 type and blood lead analysis result; and [(4)] (D) such other  
82 information as the commissioner may require, and (2) the health care  
83 provider who ordered the test, the results of the test. Not later than  
84 seventy-two hours after the provider receives such results, the  
85 provider shall make reasonable efforts to notify the parent or guardian  
86 of the child of the blood lead analysis results. Any institution or  
87 laboratory making an accurate report in good faith shall not be liable  
88 for the act of disclosing said report to the commissioner or to the  
89 director of health. The commissioner, after consultation with the Chief  
90 Information Officer of the Department of Information Technology,  
91 shall determine the method and format of transmission of data  
92 contained in said report.

93 (b) Each institution or laboratory that conducts lead testing  
94 pursuant to subsection (a) of this section shall, at least monthly, submit  
95 to the Commissioner of Public Health a comprehensive report that  
96 includes: (1) The name, full residence address, date of birth, gender,  
97 race and ethnicity of each [person] child tested pursuant to subsection  
98 (a) of this section regardless of the level of lead in the blood; (2) the  
99 name, address and telephone number of the health care provider who  
100 ordered the test; (3) the sample collection date, analysis date, type and  
101 blood lead analysis result; (4) laboratory identifiers; and (5) such other  
102 information as the commissioner may require. Any institution or  
103 laboratory making an accurate report in good faith shall not be liable  
104 for the act of disclosing said report to the commissioner. The  
105 commissioner, after consultation with the Chief Information Officer,  
106 shall determine the method and format of transmission of data  
107 contained in said report.

108 (c) Whenever an institutional laboratory or private clinical  
109 laboratory conducting blood lead tests pursuant to this section refers a

110 blood lead sample to another laboratory for analysis, the laboratories  
111 may agree on which laboratory will report in compliance with  
112 subsections (a) and (b) of this section, but both laboratories shall be  
113 accountable to insure that reports are made. The referring laboratory  
114 shall insure that the requisition slip includes all of the information that  
115 is required in subsections (a) and (b) of this section and that this  
116 information is transmitted with the blood specimen to the laboratory  
117 performing the analysis.

118 (d) The director of health of the town, city or borough shall provide  
119 or cause to be provided, to the parent or guardian of a child reported,  
120 pursuant to subsection (a) of this section, with information describing  
121 the dangers of lead poisoning, precautions to reduce the risk of lead  
122 poisoning, information about potential eligibility for services for  
123 children from birth to three years of age pursuant to sections 17a-248  
124 to 17a-248g, inclusive, and laws and regulations concerning lead  
125 abatement. Said information shall be developed by the Department of  
126 Public Health and provided to each local and district director of health.  
127 Such director shall conduct an on-site investigation of the source of the  
128 lead causing the increased lead level or abnormal body burden and  
129 shall conduct an epidemiologic investigation and take further action  
130 pursuant to section 19a-111, as amended by this act, if the on-site  
131 investigation does not identify the source of the lead exposure.

132 Sec. 4. Section 19a-111 of the general statutes is repealed and the  
133 following is substituted in lieu thereof (*Effective October 1, 2006*):

134 Upon receipt of each report of confirmed venous blood lead level  
135 equal to or greater than twenty micrograms per deciliter of blood, or  
136 after an on-site investigation conducted pursuant to section 19a-110, as  
137 amended by this act, fails to identify the source of lead exposure, the  
138 local director of health shall make or cause to be made an  
139 epidemiological investigation of the source of the lead causing the  
140 increased lead level or abnormal body burden and shall order action to  
141 be taken by the appropriate person or persons responsible for the

142 condition or conditions which brought about such lead poisoning as  
 143 may be necessary to prevent further exposure of persons to such  
 144 poisoning. In the case of any residential unit where such action will not  
 145 result in removal of the hazard within a reasonable time, the local  
 146 director of health shall utilize such community resources as are  
 147 available to effect relocation of any family occupying such unit. The  
 148 local director of health may permit occupancy in said residential unit  
 149 during abatement if, in his judgment, occupancy would not threaten  
 150 the health and well-being of the occupants. The local director of health  
 151 shall, within thirty days of the conclusion of his investigation, report to  
 152 the Commissioner of Public Health the result of such investigation and  
 153 the action taken to insure against further lead poisoning from the same  
 154 source, including any measures taken to effect relocation of families.  
 155 Such report shall include information relevant to the identification and  
 156 location of the source of lead poisoning and such other information as  
 157 the commissioner may require pursuant to regulations adopted in  
 158 accordance with [the provisions of] chapter 54. The commissioner shall  
 159 maintain comprehensive records of all reports submitted pursuant to  
 160 this section and section 19a-110. Such records shall be geographically  
 161 indexed in order to determine the location of areas of relatively high  
 162 incidence of lead poisoning. The commissioner shall prepare a  
 163 quarterly summary of such records which he shall keep on file and  
 164 release upon request. The commissioner shall establish, in conjunction  
 165 with recognized professional medical groups, guidelines consistent  
 166 with the National Centers for Disease Control for assessment of the  
 167 risk of lead poisoning, screening for lead poisoning and treatment and  
 168 follow-up care of individuals including children with lead poisoning,  
 169 women who are pregnant and women who are planning pregnancy.  
 170 Nothing in this section shall be construed to prohibit a local building  
 171 official from requiring abatement of sources of lead.

172 Sec. 5. Subsection (b) of section 10-206 of the 2006 supplement to the  
 173 general statutes is repealed and the following is substituted in lieu  
 174 thereof (*Effective October 1, 2006*):

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a, and, beginning with the 2007-2008 school year, blood lead screening pursuant to section 2 of this act. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 6. (NEW) (*Effective October 1, 2006*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general

209 statutes delivered, issued for delivery, amended, renewed or  
210 continued in this state on or after October 1, 2006, shall provide  
211 coverage for blood lead screening and risk assessments ordered by a  
212 primary care provider pursuant to section 2 of this act.

213 Sec. 7. Subsection (b) of section 38a-535 of the general statutes is  
214 repealed and the following is substituted in lieu thereof (*Effective*  
215 *October 1, 2006*):

216 (b) [Every] Each group health insurance policy providing coverage  
217 of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of  
218 section 38a-469 delivered, issued for delivery or renewed on or after  
219 October 1, 1989, or continued as defined in section 38a-531, on or after  
220 October 1, 1990, shall provide benefits for preventive pediatric care for  
221 any child covered by the policy or contract at approximately the  
222 following age intervals: Every two months from birth to six months of  
223 age, every three months from nine to eighteen months of age and  
224 annually from two through six years of age. Any such policy may  
225 provide that services rendered during a periodic review shall be  
226 covered to the extent that such services are provided by or under the  
227 supervision of a single physician during the course of one visit. Each  
228 such policy shall also provide coverage for blood lead screening and  
229 risk assessments ordered by a primary care provider pursuant to  
230 section 2 of this act. Such benefits shall be subject to any policy  
231 provisions which apply to other services covered by such policy.

232 Sec. 8. (NEW) (*Effective July 1, 2006*) (a) There is established a lead  
233 safe account, which shall be a separate, nonlapsing account within the  
234 General Fund. The account may contain any moneys required by law  
235 to be deposited in the account. The account shall be used by the  
236 Department of Economic and Community Development for the  
237 purpose of providing financial assistance for the remediation or  
238 removal of lead from residential real property.

239 (b) The Department of Economic and Community Development  
240 shall establish programs to provide financial assistance to owners of



241 residential real property, including, but not limited to, owners of  
242 residential rental property. Applicants may apply for assistance under  
243 the program to the Commissioner of Economic and Community  
244 Development at such time and in such manner as the commissioner  
245 prescribes.

246 (c) The commissioner shall adopt regulations, in accordance with  
247 chapter 54 of the general statutes, to establish qualification criteria for  
248 financial assistance pursuant to subsection (b) of this section. Such  
249 regulations shall also include standards for use of funds received by  
250 individuals who receive such assistance.

251 Sec. 9. (NEW) (*Effective from passage*) (a) Not later than January 1,  
252 2007, each local and regional school board of education shall develop  
253 guidelines for the management of students with a blood lead level  
254 equal to or greater than ten micrograms per deciliter. The guidelines  
255 shall include, but need not be limited to: (1) A process for developing  
256 individualized action plans for each such student, (2) education and  
257 training for school personnel on the management of such students,  
258 including, but not limited to, the establishment of an in-service  
259 training program for school health care providers who provide  
260 services to students identified pursuant to subdivision (3) of this  
261 subsection, and (3) a plan for identifying and evaluating such students  
262 who may qualify as health impaired due to lead poisoning under the  
263 federal Individuals with Disabilities Act and Section 504 of the federal  
264 Rehabilitation of the Handicapped Act.

265 (b) Not later than July 1, 2007, each local and regional board of  
266 education shall implement a plan based on the guidelines developed  
267 pursuant to subsection (a) of this section.

268 Sec. 10. (NEW) (*Effective October 1, 2006*) Not later than January 1,  
269 2007, the Commissioner of Public Health shall review the data  
270 collected by the Department of Public Health regarding lead poisoning  
271 to determine if it is recorded in a format that is compatible with the  
272 information reported by institutions and laboratories pursuant to

273 section 19a-110 of the general statutes, as amended by this act. If the  
274 commissioner finds that such data should be reported in a different  
275 manner, the commissioner shall adopt regulations, in accordance with  
276 chapter 54 of the general statutes, to establish the manner for reporting  
277 such data.

278 Sec. 11. Section 19a-111c of the general statutes is repealed and the  
279 following is substituted in lieu thereof (*Effective October 1, 2006*):

280 (a) The owner of any dwelling in which the paint, plaster or other  
281 [materials] material is found to contain toxic levels of lead and in  
282 which children [under the age of six] six years of age or under, as  
283 defined in section 2 of this act reside, shall abate, remediate or manage  
284 such dangerous materials consistent with regulations adopted  
285 pursuant to this section. The Commissioner of Public Health shall  
286 adopt regulations, in accordance with [the provisions of] chapter 54,  
287 establishing [removal and] requirements and procedures for testing,  
288 remediation, abatement [requirements and procedures for] and  
289 management of materials containing toxic levels of lead.

290 (b) The Commissioner of Public Health may adopt regulations, in  
291 accordance with chapter 54, to regulate paint removal from the exterior  
292 of any building or structure. For the purposes of such regulations,  
293 structure means any large edifice and includes, but is not limited to, a  
294 bridge, dam, framework or tank. Such regulations shall: (1) Require  
295 that notice be given to the local director of health, five business days  
296 prior to the commencement of any abrasive blasting, power sanding,  
297 hydro-blasting, similar abrasive paint removal operation, open flame  
298 burning, or power washing that will disturb more than two square feet  
299 of paint and that may result in the release of visible dust, debris, mist  
300 or contaminated liquids from the exterior of a residential or public  
301 building that was constructed prior to December 31, 1978, or from the  
302 exterior of a commercial building or structure regardless of the date of  
303 construction, (2) authorize the local health department to establish and  
304 collect notification fees to offset costs related to program

305 administration, oversight and management, and (3) establish: (A)  
 306 Definitions, (B) applicability and exemption criteria, (C) procedures for  
 307 submission of notifications, (D) appropriate work practices, and (E)  
 308 penalties for noncompliance.

309 (c) The commissioner shall authorize the use of any liquid,  
 310 cementitious or flexible lead encapsulant product which complies with  
 311 an appropriate standard for such products developed by the American  
 312 Society for Testing and Materials or similar testing organization  
 313 acceptable to the commissioner for the abatement [of toxic levels of  
 314 lead, unless the commissioner disapproves the use of any such  
 315 product] and remediation of lead hazards. The commissioner shall  
 316 maintain a list of all such approved lead encapsulant products that  
 317 may be used in this state for the abatement [of toxic levels of lead] and  
 318 remediation of lead hazards.

319 Sec. 12. Subsection (e) of section 19a-206 of the general statutes is  
 320 repealed and the following is substituted in lieu thereof (*Effective*  
 321 *October 1, 2006*):

322 (e) When such nuisance is abated or remediated or the source of  
 323 filth is removed from private property, or when the failure of an owner  
 324 to abate or remediate a nuisance has resulted in the relocation of a  
 325 tenant or tenants by order of the director of health, such abatement,  
 326 [or] remediation, removal or relocation shall be at the expense of the  
 327 owner or, where applicable, occupant of such property, or both, and  
 328 damages and costs for such abatement [or] , remediation, removal or  
 329 relocation may be recovered against them by the town, city or borough  
 330 in a civil action as provided in subsection (b) or in a separate civil  
 331 action brought by the director of health or any official of such city,  
 332 town or borough authorized to institute civil actions. When the owner  
 333 is responsible for such expense, the entire amount expended by the  
 334 city, town or borough as set forth in this section, including attorney's  
 335 fees and associated costs, shall be secured by a lien on the property for  
 336 the benefit of the city, town or borough. Any lien for such funds that

337 have been expended by the city, town or borough shall have the same  
338 priority as a lien for municipal taxes.

339 Sec. 13. Section 47a-52 of the general statutes is repealed and the  
340 following is substituted in lieu thereof (*Effective October 1, 2006*):

341 (a) As used in this section, "rented dwelling" means any structure or  
342 portion thereof which is rented, leased, or hired out to be occupied as  
343 the home or residence of one or two families and any mobile  
344 manufactured home in a mobile manufactured home park which,  
345 although owned by its resident, sits upon a space or lot which is  
346 rented, leased or hired out, but shall not include a tenement house as  
347 defined in section 19a-355 or in section 47a-1.

348 (b) "Department of health" means the health authority of each city,  
349 borough or town, by whatever name such health authority may be  
350 known.

351 (c) When any defect in the plumbing, sewerage, water supply,  
352 drainage, lighting, ventilation, or sanitary condition of a rented  
353 dwelling, or of the premises on which it is situated, in the opinion of  
354 the department of health of the municipality [wherein] where such  
355 dwelling is located, constitutes a danger to life or health, the  
356 department may order the responsible party to correct the same in  
357 such manner as it specifies. If the order is not complied with within the  
358 time limit set by the department, the person in charge of the  
359 department may institute a civil action for injunctive relief, in  
360 accordance with chapter 916, to require the abatement of such danger.

361 (d) Paint on the exposed surfaces of any such rented dwelling or  
362 dwelling unit shall not be cracked, chipped, blistered, flaking, loose, or  
363 peeling. Paint on the exposed surfaces of a rented dwelling that was  
364 constructed prior to 1978 shall be presumed to be lead-based paint.  
365 The owner may rebut the presumption of lead-based paint by  
366 producing paint analyses results that have been generated at the  
367 owner's expense by a licensed lead consultant contractor utilizing

368 testing procedures consistent with sections 19a-111-1 to 19a-111-11,  
 369 inclusive, of the regulations of Connecticut state agencies. The director  
 370 of health of the municipality or health district where such dwelling is  
 371 located may order the responsible party to remediate hazardous paint  
 372 conditions and shall require the use of lead-safe work practices  
 373 consistent with methods described in lead-safe work practices training  
 374 courses that have been approved by the United States Department of  
 375 Housing and Urban Development pursuant to 24 CFR 35.1330(a)(4).  
 376 Lead hazard remediation shall be conducted by individuals who have  
 377 successfully completed such approved lead-safe work practices  
 378 training courses or are certified lead abatement supervisors or certified  
 379 lead abatement workers or are working under the constant on-site  
 380 supervision of a certified lead abatement supervisor.

381     ~~[(d)]~~ (e) When the department of health certifies that any such  
 382 rented dwelling or premises are unfit for human habitation, by reason  
 383 of defects which may cause sickness or endanger the health of the  
 384 occupants, the department may issue an order requiring the rented  
 385 dwelling, premises or any portion thereof to be vacated within not less  
 386 than twenty-four hours or more than ten days.

387     ~~[(e)]~~ (f) Any person who violates or assists in violating, or fails to  
 388 comply with, any provision of this section or any legal order of a  
 389 department of health made under any such provision shall be fined  
 390 not more than two hundred dollars or imprisoned not more than sixty  
 391 days or both.

392     ~~[(f)]~~ (g) Any person aggrieved by an order issued under this section  
 393 may appeal, pursuant to section 19a-229, to the Commissioner of  
 394 Public Health.

395     Sec. 14. Section 47a-54f of the general statutes is repealed and the  
 396 following is substituted in lieu thereof (*Effective October 1, 2006*):

397     (a) In each tenement, lodging or boarding house the walls of any  
 398 court, shaft, hall or room shall be whitewashed or painted a light color

399 whenever, in the opinion of the board of health or enforcing agency,  
400 such whitewashing or painting is needed for the better lighting of any  
401 room, hall or water closet compartment.

402 (b) Paint on the [accessible] exposed surfaces of a tenement house  
403 shall not be cracked, chipped, blistered, flaking, loose, or peeling. [so  
404 as to constitute a health hazard.] Paint on the exposed surfaces of a  
405 tenement house that was constructed prior to 1978 shall be presumed  
406 to be lead-based paint. The owner may rebut the presumption of lead-  
407 based paint by producing paint analyses results that have been  
408 generated at the owner's expense by a licensed lead consultant  
409 contractor utilizing testing procedures consistent with sections 19a-  
410 111-1 to 19a-111-11, inclusive, of the regulations of Connecticut state  
411 agencies. The director of health of the municipality or health district  
412 where such tenement house is located may order the responsible party  
413 to remediate hazardous paint conditions and shall require the use of  
414 lead-safe work practices consistent with methods described in lead-  
415 safe work practices training courses that have been approved by the  
416 United States Department of Housing and Urban Development  
417 pursuant to 24 CFR 35.1330(a)(4). Lead hazard remediation shall be  
418 conducted by individuals who have successfully completed such  
419 approved lead-safe work practices training courses or are certified lead  
420 abatement supervisors or certified lead abatement workers or are  
421 working under the constant on-site supervision of a certified lead  
422 abatement supervisor.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2006	19a-111a
Sec. 2	October 1, 2006	New section
Sec. 3	October 1, 2006	19a-110
Sec. 4	October 1, 2006	19a-111
Sec. 5	October 1, 2006	10-206(b)
Sec. 6	October 1, 2006	New section
Sec. 7	October 1, 2006	38a-535(b)

Sec. 8	<i>July 1, 2006</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>October 1, 2006</i>	New section
Sec. 11	<i>October 1, 2006</i>	19a-111c
Sec. 12	<i>October 1, 2006</i>	19a-206(e)
Sec. 13	<i>October 1, 2006</i>	47a-52
Sec. 14	<i>October 1, 2006</i>	47a-54f

***Statement of Purpose:***

To take steps to eradicate lead exposure in children by establishing a comprehensive plan to screen children for lead exposure and eliminate exposure to lead.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*